

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1								51		
2							52				
3							53				
4							54				
5	1						55				
6	3						56				
7	4						57				
8	4						58				
9	0						59				
10	0						60				
11	0						61				
12	0						62				
13	0						63				
14	0						64				
15	1						65				
16	1						66				
17							67				
18	1						68				
19	4						69				
20							70				
21							71				
22							72				
23							73				
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25							75				
26							76				
27							77				
28							78				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8		↓			↓	TOTAL IND.			↓	
TOTAL DEP.	22	←		←		←	TOTAL DEP.			←	
TOTAL CLAIMS	30						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

(For use with Form PTO/SB/06)

Application Number  
UNKNOWNFiling Date  
CONCURRENTLYApplicant(s) JOSEPH B. KETJHA,  
DAVID CHUA AND HSIU-PING LIN

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	<u>IND</u>					
2	<u>IND</u>					
3	<u>IND</u>					
4	<u>IND</u>					
5		<u>1</u>				
6		<u>2,3,4</u>				
7		<u>1,2,3,4</u>				
8		<u>7</u>				
9		<u>5,6</u>				
10		<u>5,6</u>				
11		<u>5,6</u>				
12		<u>1,2,3,4,5,6</u>				
13		<u>1,2,3,4,5,6</u>				
14		<u>5,6</u>				
15	<u>IND</u>					
16	<u>IND</u>					
17	<u>IND</u>					
18	<u>IND</u>					
19		<u>15,16,17,18</u>				
20						
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46						
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48						
49						
50						
Total Indep	<u>8</u>					
Total Depend	<u>11</u>					
Total Claims	<u>19</u>					

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51						
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100						
Total Indep						
Total Depend						
Total Claims						